



STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY
ANIMAL WELFARE PROGRAM
28 STATE HOUSE STATION
AUGUSTA, MAINE 04333

PAUL R. LePAGE
GOVERNOR

WALTER E. WHITCOMB
COMMISSIONER

Pet Shop Application

A criminal background check is required by law. Please include \$25.00 (per owner) in addition to the \$150.00 (license fee). Please make checks payable to Treasurer, State of Maine.

Facility Name: _____ Sales Tax ID #: _____

Corporation Name and EIN: _____

Mailing Address: _____

Physical Location/Directions: _____

Facility Phone: _____ Emergency Phone: _____ Opening Date: _____

Hours and Days of operation (*Required for inspection purposes): _____

Owner Name: _____
First MI Last Maiden Name Nickname

Date of Birth: _____ Driver's License #: _____

Co-Owner Name: _____
First MI Last Maiden Name Nickname

Date of Birth: _____ Driver's License #: _____

7 § 3935. License Prohibited

The department may not issue a license to maintain a boarding kennel, breeding kennel, animal shelter or pet shop to a person who, within the 10 years previous to the application for the license, has been convicted of murder, a Class A or Class B offense, a violation under Title 17-A, chapter 9, 11, 12 or 13 or a criminal violation under Title 17, chapter 42, or under a criminal law involving cruelty to animals that is no longer in effect, or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 or has been convicted or adjudicated in any other state, provincial or federal court of a violation similar to those specified in this section.

LIAM HUGHES, DIRECTOR
ANIMAL WELFARE PROGRAM
90 BLOSSOM LANE, DEERING BUILDING



PHONE: (207) 287-3846
FAX: (207) 287-2400
WWW.MAINE.GOV/DACF

Species of animals that your facility will sell (Check all that apply)

_____ Dog _____ Reptiles _____ Birds
_____ Cat _____ Small Mammals _____ Other

List the estimated number of cages in your facility: _____

List the estimated number of tanks in your facility: _____

Quarantine Area for New Arrivals

Please describe your plan for the isolation of any new arrivals: _____

What Veterinarian will your business use? _____

Please list any suppliers from which you purchase your stock. If more space is required please attach on separate sheet.

Supplier Name	Address	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify the information given herein to be true and complete to the best of my knowledge.

Name (Signature)

Name (Printed)

Date